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PTO/SB/01 (10-00)

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DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required) OR	Attorney Docket Number	ORT-1482
	First Named Inventor	GRANT, Elfrida R. et al.
	COMPLETE IF KNOWN	
	Application Number	TBD
	Filing Date	August 6, 2001
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

4-PYRIMIDINAMINE DERIVATIVES, PHARMACEUTICAL COMPOSITIONS AND RELATED METHODS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) ☐ as United States Application Number or PCT International Application Number
☐ and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

0922874-080601

DECLARATION - Utility or Design Patent Application		
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.		
Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/223,791	August 8, 2000	
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:		
Application Serial No.	Filing Date	Status
		Patented Patented Patented
I hereby appoint:		
<input checked="" type="checkbox"/> Practitioners at Customer Number 000027777 →		Place Customer Number Bar Code Label Here
AND		
<input type="checkbox"/> Practitioner(s) named below: <u>Name</u> <u>Registration Number</u>		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.		
Address all telephone calls to Myra H. McCormack at telephone number (732) 524-6932.		
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number 000027777 OR <input type="checkbox"/> Correspondence address below		
Name:		
Address:		
Address:		
City:	State:	ZIP
Country	Telephone:	Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Elfrida R.		Family Name or Surname GRANT	
Inventor's Signature		Date	
Residence: City Flemington	State NJ	Country USA	Citizenship USA
Mailing Address 9 Lake Court			
City Flemington	State NJ	ZIP 08822	Country USA

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NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Frank K.		Family Name or Surname BROWN	
Inventor's Signature		Date	
Residence: City Whitehouse Station	State NJ	Country USA	Citizenship USA
Mailing Address 12 Clubhouse Drive			
City Whitehouse Station	State NJ	ZIP 08889	Country USA

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NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Robert Allan		Family Name or Surname ZIVIN	
Inventor's Signature		Date	
Residence: City Skillman	State NJ	Country USA	Citizenship USA
Mailing Address 9 Pebble Beach Court			
City Skillman	State NJ	ZIP 08558	Country USA

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NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Michael		Family Name or Surname McMILLAN	
Inventor's Signature		Date	
Residence: City Somerville	State NJ	Country USA	Citizenship USA
Mailing Address 70 Brookside Avenue, Apt. 3A			
City Somerville	State NJ	ZIP 08876	Country USA

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NAME OF FIFTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Zhong		Family Name or Surname ZHONG	
Inventor's Signature		Date	
Residence: City Bridgewater	State NJ	Country USA	Citizenship People's Republic of China
Mailing Address 31 Whitehead Road			
City Bridgewater	State NJ	ZIP 08807	Country USA

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NAME OF SIXTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Malcolm		Family Name or Surname SCOTT	
Inventor's Signature		Date	
Residence: City Telford	State PA	Country USA	Citizenship USA
Mailing Address 850 Keller Creamery Road			
City Telford	State PA	ZIP 18969	Country USA

0992874-080601

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SEVENTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Allen B.		Family Name or Surname REITZ	
Inventor's Signature		Date	
Residence: City Lansdale	State PA	Country USA	Citizenship USA
Mailing Address 109 Greenbriar Road			
City Lansdale	State PA	ZIP 19446	Country USA
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NAME OF EIGHTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Tina Morgan		Family Name or Surname ROSS	
Inventor's Signature		Date	
Residence: City Audubon	State PA	Country USA	Citizenship USA
Mailing Address 11 Culp Road			
City Audubon	State PA	ZIP 19403	Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF NINTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country